

# Task Force on Behavioral Health Data Policies and Long Term Stays Meeting Summary

**Date:** Thursday, February 26, 2015

**Time:** 9:30 a.m. – 12:00 p.m.

**Place:** Meeting Room Newbury A and B | 501 Boylston Street | Boston

## Meeting Attendees

Task Force Members	Contractors and Guests
<ul style="list-style-type: none"><li>✓ Áron Boros (chair)</li><li>✓ Matt Collins</li><li>✓ Megan Collins (for Karen Coughlin)</li><li>✓ Vic DiGravio</li><li>✓ Pat Edraos</li><li>✓ Anuj Goel (for Tim Gens)</li><li>✓ Michael Goldberg</li><li>✓ Greg Harris</li><li>✓ Melody Hugo</li><li>✓ Pat Ruggles (for Anne Manton)</li><li>✓ Laurie Martinelli</li><li>✓ David Matteodo</li><li>✓ Mark Pearlmutter</li></ul>	<ul style="list-style-type: none"><li>✓ Beth Waldman, Bailit Health Purchasing</li><li>✓ Megan Burns, Bailit Health Purchasing</li></ul>

## Meeting Summary

### I. Welcome and Introductions

Áron Boros provided welcoming remarks, noting that at today's meeting we would talk about our ED boarding charge.

### II. ED Boarding

The Task Force heard an overview presentation from Dr. Mark Pearlmutter on a study he and colleagues have undertaken in 10 hospitals across the state to better understand the ED

boarding issue from a point in time perspective. Dr. Pearlmutter's presentation was used to frame the discussion of potential recommendations to help solve the ED boarding issue.

The Task Force agreed to endorse the findings of the recent bed finder report (issued in December 2014) and to look into further modifications on the issue of whether insurance status should also be included on the website (it is not in the recommendations made in December). The remainder of the discussion focused on those individuals who appear to have long lengths of stay in the ED because they are "difficult to manage." The Task Force members discussed a number of potential recommendations and as a group continued to refine the following recommendations to better address the particular problems that are experienced in the ED, and to develop concrete action steps and details:

- Increased reimbursement for psychiatric inpatient admissions to allow for staffing and coordination of individuals with complex needs.
- Support legislation (e.g., House Bill 1788 (2013-2014)) which would provide licensure of beds designated for "difficult to manage" patients or medically complex patients.
  - Note: Task Force members were interested in a way to combine the ideas in the first two bullets into one recommendation.
- Increased participation by insurers in bed search and placement and increased reimbursement to the provider who must board the patient in their facility.
- Develop pilots for alternative payment models involving multiple providers to reduce the ED LOS of difficult to manage patients, which includes incentives for inpatient psych units to maintain open "difficult to manage" beds.
- Regulation to provide appropriate staffing levels in all care facilities on the weekend.
  - Note: While Task Force members didn't necessarily agree on having regulation; there was recognition that it's important to address staffing across providers on weekends as the data show that individuals seeking care at the ED on Friday and Saturdays have the longest lengths of stays.
- DOI to develop standards to ensure plans have adequate BH networks.

Áron Boros asked MHA and MAHP to meet off-line to discuss the issue of prior authorization for inpatient stays and notification requirements.

The Task Force also had a brief discussion of the type of care that is provided for individuals with behavioral health issues within the ED, but did not get far. That issue will be revisited at the next meeting scheduled for March 10<sup>th</sup> from 9:30am - 12pm. At that meeting the Task Force will also discuss a potential measures dashboard and data needs to address the data piece of the Task Force's charge.

## **II. Public Comment**

Áron Boros opened the floor for public comment on ED Boarding. Susan Fendell from Mental Health Legal Advisors asked Task Force members to look critically at difficult to manage units and consider whether it will result in “segregation” into an inferior level of care because of insurance. In addition, Susan noted she was concerned about it becoming harder to place individuals that are identified as having been difficult to place in the past.

## **IV. Next Steps**

The next meeting will be held on March 10, from 9:30am – 12:00pm.